

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719867

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1		1		
5	1					
6	1					
7		1				
8		1		1		
9		2		2		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1				
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		1		1		
23		1		1		
24		1		1		
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
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34	1					
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43						
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46						
47						
48						
49						
50						
TOTAL IND.	16		15			
TOTAL DEP.	27		19			
TOTAL CLAIMS	43		34			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831